# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046530
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1931

FILED JAN 7 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

10397
2 1120
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4 1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Cecil Bunch

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD
Length of stay in 1b 16 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE Hospital
Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY WEBSTER
c. CITY OR TOWN MARSHFIELD
Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First OLIVE Middle RACHEL Last DITTRICK

4. DATE OF DEATH Month DEC Day 30 Year 1962

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 12-19-1880
9. AGE (last birthday) 82
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) KANSAS
12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME CHARLES A. COWAN
13b. MOTHER'S MAIDEN NAME LAURA HARVEY
14. NAME OF HUSBAND ~~OF~~ WILBUR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT CLARENCE DITTRICK 2 RAND OCT COLO Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 1 month
DUE TO (c) —

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pneumonia — dense

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-14-62, to 12-30-62 and last saw her alive on 12-29-62
Death occurred at 510 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leon R Clemens MD
22b. ADDRESS 600 S Glenstone Springfield Mo
22c. DATE SIGNED 1-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 12-30-1962
23c. NAME OF CEMETERY OR CREMATORY MARSHFIELD
23d. LOCATION (City, town or county) (State) MARSHFIELD MO

24. FUNERAL DIRECTOR ADDRESS BARBER-EDWARDS MARSHFIELD
25. DATE RECD. BY LOCAL REG. 1-4-63
26. REGISTRAR'S SIGNATURE Effie J. Melton

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1963

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed F W Boyle

Signature of Student Embalmer

Licensed Embalmer No. 3848

P. O. Address Little Rock No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Issued 12-30-62